



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT HEART CENTER OF INDIANA

City of Hospital: Indianapolis

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 150153

Statement One: Summary of Revenue and Expenses

| 1. Gross Patient Service Revenue    |             | 2. Deductions From Revenue |             |
|-------------------------------------|-------------|----------------------------|-------------|
| Inpatient Patient Service Revenue   | \$426615651 | Contractual Allowance      | \$413013104 |
| Outpatient Patient Service Revenue  | \$158263025 | Other Deductions           | \$0         |
| Total Gross Patient Service Revenue | \$584878676 | Total Deductions           | \$413013104 |

| 3. Total Operating Revenue  |             |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$171865572 |
| Other Operating Revenue     | \$507688    |
| Total Operating Revenue     | \$172373260 |

| 4. Operating Expenses         |            |                   |           |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages            | \$26538191 | Employee Benefits | \$7645833 |
| Depreciation and Amortization | \$3892375  | Interest Expense  | \$823656  |

|                          |             |                |            |
|--------------------------|-------------|----------------|------------|
| Bad Debt                 | \$2579050   | Other Expenses | \$72527181 |
| Total Operating Expenses | \$114006286 |                |            |

#### 5. Net Revenue and Expenses

|                                   |            |                   |            |
|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses      | \$60946024 | Total Assets      | \$93427980 |
| Net Non-operating Gains over Loss | \$832651   | Total Liabilities | \$39681968 |
| Total Net Gains                   | \$61778675 |                   |            |

#### Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$399351921           | \$319440807           | \$79911114                    |
| Medicaid         | \$32218827            | \$24701107            | \$7517720                     |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$153307928           | \$68871189            | \$84436739                    |
| Total            | \$584878676           | \$413013103           | \$171865573                   |

#### Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$0                         | \$0                     |

#### Statement Four: Research Statement

|  | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|--|----------------------------|-----------------------------|-------------------------|
|  |                            |                             |                         |

|          |     |     |     |
|----------|-----|-----|-----|
| Research | \$0 | \$0 | \$0 |
|----------|-----|-----|-----|

**Statement Five: Education Statement**

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$56504                     | \$-56504                |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$11107                     | \$-11107                |

|   |     |
|---|-----|
| Number of Medical Professionals Trained                 | 161 |
| Number of Hospital Patients Educated                    | \$0 |
| Number of Citizens Exposed to Health Education Messages | 583 |

**Statement Six: Charity Statement**

|                          |           |
|--------------------------|-----------|
| Hospital Charity Charges | \$8900876 |
|--------------------------|-----------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$1607304              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$1607304              | \$-1607304                     |
| Medicaid Shortfalls       | \$8092464             | \$11079875             |                                |
| Subtotal                  | \$8092464             | \$12687179             | \$-4594715                     |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$8092464             | \$12687179             | \$-4594715                     |
| Medicare Shortfalls       | \$79476826            | \$72114232             |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$87569290            | \$84801411             | \$2767879                      |

**Statement Seven: Subsidized Health Services for the Community**

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$7774                      | \$-7774                 |
| Community Assessment | \$0                        | \$66228                     | \$-66228                |
| Provision of Taxes   | \$0                        | \$5261859                   | \$-5261859              |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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